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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11406

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	11	424	CERTIFIC	AIE OF DEAL	Н		Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY	GARRETT		MARYLAND	2. USUAL RESIDENCE (VO. STATE MAR)	Where deceased li	ved. If institutio b. COUNTY	n: Residence b	
b. CITY OR TOWN	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (I	f outside corporate		JRAL ond give	nearest town)
OR INSTITUTION	PITAL (If not in hospital, in No. 1)		oddress)	d. STREET ADDRESS	•			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ri RA	rst Y	Middle C	ASHBY	4. DATE OF DEATH	Mont OC TO		Day Year 1959
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	AUG- 31, 1897	7	AGE (In years lost birthday) 62 yrs.	Months Day	EAR IF UNDER 24 HRS. ys Hours Min.
during most of we	TION (Give kind of work orking life, even if retired INCAR		COAL	DUSTRY 11. BIRTHPLACE (SIO	IARYLAND	lry)		S.A.
13. FATHER'S NAME	JOHN ASHBY			14. MOTHER'S MAIDEN		SHAFFER		
15. WAS DECEASEDEN (Yes no, or unknown) Yes	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17 3-10-3714	MINERVA MAE	ASHBY	R # 1		PARKKMU.
	EATH (Enter only one of EATH WAS CAUSED BY: IMMEDIATE CAUSE (ne for (0), (b), and (c).]	+ Caplu	seon			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to couse (o), stotin lying couse lost	g the <u>under-</u>	b)						
PART II. O	THER SIGNIFICANT CON	ADITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIV	EN IN PART 1(c	PERFORMED? YES NO
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	in Part 1 or Part II	of item 18.)		
Y 20c. TIME OF INJU	. 10	While	NJURY OCCURRED 20e. Not while k ot work	PLACE OF INJURY (Home, fo factory, street, office bldg., e		town)	(Coun	nty) (State)
21. I certify	that I attended the	deceas	ed fram. 10-5					saw the decease
ACTUAL SIGNATURE	andre	19 3	3. Mance	nth occurred a 2:00		he causes a the tity or town, s		date stated above DATE SIGNE SOCIETY
PHYSICIAN'S NAME (Type)	ANDREW E. M	ANCE,	м.р.		OAKLAN	w,	MARYL	AND /
220. BURIAL, CREMATI REMOVAL (Specif DUT1al	10/7/19	of 59	22c. NAME OF CEMETERY Terra Alta		22d. LOCATIO	N (City, town, o		(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	1.5	ADDRESS		C'D BY REGISTRA		TRAR'S SIGNA	

Oakland maryland

OCT 1 3 '59

DATE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page D FUNERAL PORTION: After this certificate has been signed by the attending physician and campletely filled in y page 3 should detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 habre ofter death. ar attending physician. by the haspital TO HOSPITAL OR may be retained TO FUNERAL P

VS A15 (4) 15M 10/57

Minnich Funeral Home

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~	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
M.)	11425 CERTIFICATE OF DEATH	

Reg. Dist. No. 11407

1. PLACE OF DEATH o. COUNTY	GARRETT		MARYLAND		SUAL RESIDENCE (W. STATE	here deceased	lived. If institution b. COUNTY	_	ce before od	mission)
b. CITY OR TOWN (RURAL and give n	If outside corporate limits earest town) OAKLAND	, write	c. LENGTH OF STAY IN 16	×	. CITY OR TOWN (IF	outside corpore		JRAL and g	give nearest	lown)
OR INSTITUTION	TAL (If not in hospital, gi		oddress)	1	STREET ADDRESS				0	RESIDENCE N A FARM?
	INTY MEMORIA				R	OUTE #	<u>T</u>		YES	D NO D
3. NAME OF DECEASED (Type or print)	Firs JESS		Middle HAMILTON	I	BROOKS	4. DATE OF DEATH	Mon OC:	rober	Day	Year 19 59
5. SEX MATE		7. MARRI WIDOWE	DIVORCED		1E OF BIRTH		9. AGE (In years lost birthdoy)	Months	Days Ho	NDER 24 HRS.
		one 10b. I	LUMBER			ARYLANI	untry)	12. CIT	U.S.A	HAT COUNTRY?
13. FATHER'S NAME		12.5		14.	MOTHER'S MAIDEN	NAME				
	GEORGE	BRO	OKS			JANE	MC ROBI	3		
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES7 16. 5		INFOR	MANT		Addr	ess		
(Yes no. or unknown)	(If yes, give war or dates of se	13,	3-03-0467	F	LOSSIE L.	LIKENS	MT.	LAKE	PARK,	MD.
	ATH [Enter only one country ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	se per lin	e for (o), (b), and (c).]	ial	heart .	Lesi	rses C			ND DEATH
Conditions, if a	DUE TO	Lus	Keyliophy +1	Jai	lure .				345	>ks
gave rise to i couse (a), stating lying cause last.	mmediate ()	8130	phageal	0 00	leer			5	100	1-
PART II. OT	HER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH BU	TON TU	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PAR	PE	AS AUTOPSY REORMED?
PART II. OT	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCCUR	RED. (Ent	er nature of injury in	Part 1 or Part	Il of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Year	20d. IN While of work	_ Not while	PLACE Of foctory,	F INJURY (Home, forestreet, office bldg., et	m. 20f. (City -	or town)	(0	County)	(Stote)
21. I certify If alive an	o - 14	decease , 18 .5	ed from april. 9, and that deal Mance	29 th occi	1957, 10 / urred of: 45 F	M, from	the couses of the couse of	nd on th		
PHYSICIAN'S NAME (Type)	ANDREW E. 1				THIRD ST		OA KLAN	-2	MARY	LAND /
BUT 18 I	TO/TA/T8	959			matory netery	Deer Deer	Park,	Md .	(Stote)
232 FUNERAL DIRECTOR	es signature		ADDRESS Oakland	d, 1	Md • 240. REC	D BY REGISTR	24b. REGIS		GNATURE GALLEN &	4

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	Description of the				
	CONTRACTOR OF THE				
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	15-31				
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WEATTERN'S				Office Control	
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Marie Company	and the same				

	114	26	CERTIF	ICATE OF I	DEATH			Reg. Di	ist. No.	1 - 7	108
o. COUNTY	tt		MARYLA	ND 2. USUAL RES	yland	ere deceased	lived. If instituti b. COUNTY	ion: Resider	ett	re admiss	ian)
B. CITY OR TOWN RURAL and give of		ts, write	c. LENGTH OF STAY IN	0.0	land,		ote limits, write f	RURAL and	give neo	irest tawn)
OR INSTITUTION	TAL (If not in hospital, g		oddress)	/ d. STREET / 72	Alder	Str	eet			e. IS RES ON A YES	DENCE FARM?
NAME OF DECEASED (Type or print)	Fir Kathe		Middle Kimmell	Browning		4. DATE OF DEATH	Octobe		22		reor 59
sex Femalo	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED	- A			AGE (In years last birthday) yrs.	IF UNDER Months	Days	IF UNDE Hours	R 24 HR Min.
during most of wor House W	rking life, even it refired		n Home		Land	r foreign cou	untry)		S.A	F WHAT	COUNT
3. FATHER'S NAME Chaunc	ey Kimmel	7.		14. MOTHER'S		_	nclair				
	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	7. INFORMANT C. A. Kin	mell	M	t. Lake		ck,	Md.	
Conditions, if a	immediate (a	terios	clerase	-				/	000	120
cause (a), stating lying cause last. PART II. OT	(c		ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	/EN IN PAR	T 1(o) 1	9. WAS A	UTOPS
lying couse last.	(c	DITIONS	ONTRIBUTING TO DEATH					/EN IN PAR	RT 1(o)	9. WAS A PERFO YES	RMED?
PART II. OT PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC		If injury in Po	ort I or Port I	I of item 18.)		County)	PERFO	RMED?
lying couse lost. PART II. OT 200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the alive an actual signature PHYSICIAN'S	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yee	20b. DESC 20b. DESC ar 20d. In While at work	SURY OCCURRED 20 Not while of from fact that do for and that do for and that do for a fact that do for a fac	e. PLACE OF INJURY (factory, street, affic A.D	Home, form, e bldg., etc.)	20f. (City of	or town) the causes cet, city or town,	Ithat I	County)	PERFO YES	(State
lying couse lost. PART II. OT 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the alive an actual signature PHYSICIAN'S NAME (Type)	AS UNDERLYING DE CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 19 The Control of the Co	20b. DESC 20b. DESC ar 20d. In While at work decease	HJURY OCCURRED 20 Not white con from Lack	e. PLACE OF INJURY (foctory, street, office which accurred at M.D	Home, form, e bldg., etc.)	20f. (City of Land) M, fram DORESS (Street) M, Md 22d. LOCATIO	the causes of the course of the courses of the course of t	(that I and an tistote)	County)	PERFO YES	(Stole deceared about 15 in the stole of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PHYCTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director. Page 3 show the detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57 ¥.

1629	CERTIFICATE	OF	DEATH
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Reg.	Dist.	No.
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1. PLACE OF DEATH					2. USUAL RESIDENCE (W	here decease	d lived. If institution	n: Residenc	e belore ad	Imission)
Gar	rett		MARYL	AND	Maryland		J. COUNT	arret	t	
b. CITY OR TOWN RURAL and give	(If outside corporate limit	its, write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN (IF	outside corpo	prote limits, write RI	JRAL ond g	ive nearest	town)
	land		1 Day		Mailing addr	ess: W	res in Gar Jilson. W	. Va.	0000	Mer. Aran
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS				e. IS	RESIDENCE
	untv Memori	al Ho	snital		Box 64					N A FARM?
3. NAME OF DECEASED	Fi		Middle		Lost	4. DATE	Mon	th	Doy	7950
(Type or print)	Но	ward	Elswo	orth	Cosner	OF DEATH	Octob	er 15	XX	15980X
5. SEX			RIED NEVER MARRIED		B. DATE OF BIRTH	- SAS	9. AGE (In years	IF UNDER	I YEAR IF U	INDER 24 HRS.
Male	White	WIDOW	ED DIVORCED		Oct. 11	1882	lost birthdoy) 77 yrs.	Months	Days Ho	ours Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote		ountry)	12. CITI	ZEN OF W	HAT COUNTRY?
Farmer	orking life, even if retired)			West Vir	oinia		A:	merica	a
13. FATHER'S NAME					14. MOTHER'S MAIDEN			242	mer ree	
Daniel	Francis C	osnei			Maggie Cos					
	VER IN U. S. ARMED FOR			17 1N	FORMANT	1101	Addr	was s		
(Yes, no, or unknown)	It yes, give war or dates of	service)	Joene Jecomi Tito.			0-		Box	x 64	
	EATH [Enter only one co			W	ife" Zela I	ena Co	aner W	ilson	W.V	
PART 1. DI 451X Conditions, if gove rise to		6	weere	f,	Daceula	v, As	ortic		2	Day
lying couse lost	g the <u>under-</u> DUE TO	10	tere o	S C	LONGERLATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	8 4	LCO S
CATIC									PE	ERFORMED?
	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DES	CKIRE HOW INJURY OC	CUKKED	. (Enter nature of injury in	Port 1 or Por	t II of item (8.)			
20c. TIME OF INJU Hour o. m p. m	. 10	While	NJURY OCCURRED 2 Not while k ot work	loe. PLA foct	CE OF INJURY fHome, for ory, street, office bldg., et	m, 20f. (City c.)	or town)	(C	ounty)	(Stote)
21. I certify	that I ottended the	deceas	ed fram		, 19, ta		, 19	,that I I	ast saw t	the deceased
alive on]		, 19_			accurred at 6:20					
		5	11		1		treet, city or town,			DATE SIGNED
ACTUAL SIGNATURE	andre	2/2/	Mance	N	A.D. Was	100	ud A	ud	15	Oct 12
PHYSICIAN'S NAME (Type)	Andrew E.	Mance	e, M. D.,		Oaklar	nd, Man	ryland		TSE	/
REMOVAL (Specif		OF .	22c. NAME OF CEMET		CREMATORY		TION (City, town, c		((Stote)
Buria	110ct. 18	.195	Locust	Gr	ove		smark, W			
23. FUNERAL DIRECTO	R'S SIGNATURE	- /	ADDRESS		240. REC	D BY REGIST	TRAR 24b. REGIS	TRAR'S SIG	NATURE	
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VS A15 (4) 15M 10/57 11411

11429 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY GARRETT	MARYLAND	2. USUAL RESIDENCE (V o. STATE MARY	Vhere deceased	lived. If institution b. COUNTY	GARRETT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OA KTAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corpore			rest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION GARRETT COUNTY MEMORIAL). HI	ddress)	d. STREET ADDRESS				N A FARM? YES NO N
3. NAME OF First DELLA (Type or print) DELLA	Middle Nordeck	CRANE	4. DATE OF DEATH	OCTOB		Year 19 59
5. SEX FEMALE 6. COLOR OR RACE 7. MARRII WHITE WIDOWEE		B. DATE OF BIRTH DEC. 18, 18	881	AGE (In years lost birthday) 77 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	HOMEMAKER		e or foreign cou		U. S.	A.
13. FATHER'S NAME CHRISTOPHER NORDEC	K	MARY CATE		IOORE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (14) The property of the pr	OCIAL SECURITY NO. 17. 1	FERNE C. V		Add		
20c. TIME OF INJURY Menth, Day, Year 20d. IN. Hour o. m. 19 of work 21. I certify that I attended the decease olive on 19 SIGNATURE SIGNATURE SIGNATURE	DITRIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRED JURY OCCURRED Of work of work d from Acquir	ACE OF INJURY (Home, for ctory, street, office bldg., e	Port I or Port I	r town)	(County) (County)	YES NO (State) w the deceased
220. BURIAL, CREMATION, PEROVAL (Specify) 10/7/1959	22c. NAME OF CEMETERY O Oakland Com	R CREMATORY		on (City, town, o		(State)
23. FORYERAL GIRECTOR'S SIGNATURE LOS	ADDRESS		D BY REGISTR	AR 24b. REGIS	STRAR'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

210-09-8368 Carolo Repretory Failures Browing genic CAncinoma Conowary Artery Disense Fide River Fredonthe Mid 16-35 Pedro Rivern Friendswille, Md

	114	31	CEKTIFI	CAII	OF DEATH		Reg. D	ist. No.	
1. PLACE OF DEATH o. COUNTY	GARRETT	1	MARYLAN		o. STATE	T.AND	lived. If institution: Reside b. COUNTY	RRET	
b. CITY OR TOWN (IF	outside corporate limit		c. LENGTH OF STAY IN	1b			te limits, write RURAL and		
RURAL and give ne	orest town) OAKLAND		0 30	V					
d. NAME OF HOSPITA	AL (If not in hospital, g	ve street	8 days		d. STREET ADDRESS	11/			IS RESIDENCE
OR INSTITUTION	OUNTY MEN								ON A FARIAZ
3. NAME OF	Fin		Middle		Last	4. DATE	A. 41		
DECEASED (Type or print)	KTME				GUTHRIE	OF DEATH	Month OCTOBE	סט פיי	Year 19 59
. SEX			RIED NEVER MARRIED	91 8. D	ATE OF BIRTH	9			UNDER 24 HRS.
ਸ	TIT	WIDOWI		E A			tost birthday) Months		Hours Min.
	N (Give kind of work o		KIND OF BUSINESS OR IN	- 1 - 25	UG. 29.19	59		TIZENIOS	WHAT COUNTRY
during most of work	ing life, even if retired)	0.100.	KIND OF BOSHAESS OK III	4003161		or roseign coo	12. (ITIZEN OF	WHAT COUNTRY
3. FATHER'S NAME					Maryland		US	A	
S. FATHER S NAME				14	. MOTHER'S MAIDEN N	AME			
			H GUTHRIE		BABARA	LOUI	SE STRAWSE	R	
S. WAS DECEASED EVER	IN U. S. ARMED FORG		SOCIAL SECURITY NO. 1	7. INFOR	MANT		Address		
			STANDARD IN						
18. CAUSE OF DEAT	TH [Enter only one cou	se per li	ne for (a), (b), and (c).]					INTERV	AL BETWEEN
PART 1. DEAT	H WAS CAUSED BY:		MALNUTA	1.:	,				AND DEATH
EMI	IMMEDIATE CAUSE (o)		/ HINDAK	3-10				12	- days
3/1.0	DUE TO	. 1			_/ _				1
Conditions, if on		Vo	m. ting	A-	J dian	HER		12	10475
couse (o), stoting t			184000						
lying couse lost.) (c)								
PART II. OTH	ER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIVEN IN PA	RT 1(o) 19.	WAS AUTOPSY PERFORMED?
3									ES NO DE
PART II. OTH	UNDERLYING	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Er	ter noture of injury in P	ort I or Port I	I of item 18.)		
	CAUSE OF DEATH								
	Month, Day, Yea	20d. It	NJURY OCCURRED 20e	. PLACE	OF INJURY (Home, form,	20f. (City o	or fown)	(County)	(Slote)
Hour o. m.	19	While of world	_ Not while	foctory,	street, office bldg., etc.)				(0.0.0)
				2.6	2 0		7		
	at I attended the				, 1959 , to 0	421	, 19.35 ,that I	last saw	the decease
alive an	C1 215+	, 19	27, and that de	ath occ	curred at8 : 3.5A	_M, fram	the causes and an i	he date	stated above
(/-		I			A	DORESS (Stre	et, city or lown, state)		DATE SIGNE
SIGNATURE	we will	De	when . fr.	M.D	58 2	1 54.	Opichand,	/	10.11.
1									
PHYSICIAN'S NAME (Type)	AMES H. F	EAS	rer JR, M.	D.		0	AKLAND,	MARY	LAND
20. BURIAL, CREMATION	N. 22b. DATE THEREO		22c. NAME OF CEMETER	Y OR CRI	MATORY	22d. LOCATIO	ON (City, town, or county)		(Stote)
DUTTA (Specify)	10/23/59	3	Ashby Cem	eter	1	Crel	lin Ma		
3. FUNERAL DIRECTOR'S			ADDRESS	0001			AR 24h REGISTRAR'S SI	GNATUPE	

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	10-01			
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		, , ,		
1847				

M)	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution, Reside	
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest form) Grantsville, Md. life	101,1110	
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) First Middle	KINSINGER 4. DATE OCT.	Day Year 1959
	5. SEX 6. COLOR OR RACE 7. MÁRRIED NEVER MARRIED DIVORCED DIVORCED		YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) If yes, give wor or dates of service)		
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ASphyxiati	<u>Vr. Owen Kinsinger, Grantsvi</u> On	INTERVAL BETWEEN ONSET AND DEATH
V	9240 DUE TO Conditions, if ony, which) (b) Inability	to roll over in bed	
	(o), stoting the underlying couse lost. (c)		
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Dislocation of right		1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. Found dead in	(Enter noture of injury in Port I or Port II of item 18.)	
11	Hour o. m. While Not while	ACE OF INJURY (Home, form, ctory, street, office bidg., etc.) Grantsville. Ge	
	21. I certify that I took charge of the remains described ab death resulted from: Natural causes , Accident , Su	ove, held an Autopsy 🔀, Inspection 🕱, Inquir	. and find that
^	ACTUAL SIGNATURE JOHN N. Jewster.	M.D. CHIEF MEDICAL EXAMINER [DATE SIGNED
d	EXAMINER'S James H. Feaster. Jr. M.	ASSISTANT MEDICAL EXAMINER D D DEPUTY MEDICAL EXAMINER D	10-12.59
1000	220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY O		(Stote)
	Burial Oct. 111.119 Grantavi ADDRESS	Crantsville Garreti	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		(C)Afrika)	***	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11433 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Garrett Maryland Garrett. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) davs Rural. Oakland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Garrett County Memorial Hospital YES TO NO [3. NAME OF First Middle Last 4 DATE Dov Year DECEASED (Type or print) John Kriner DEATH October 20 1959 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Male White WIDOWED [DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farm Farmer Pennsylvania United States 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kriner (Krynock). Chervenko XXXXX Joseph Mary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address War 32-26-822 ves Mr. Wayne Hamilton Oakland Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), opd (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY da IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 14 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from ,that I last saw the deceased and that death occurred al 2:40 PM, from the causes and on the date stated above. ADDRESS (Street, city optown, stote) ACTUAL PHYSICIAN'S NAME (Type) Herbert H. Leighton. Oakland Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baptist 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR OCT 26 '59 Davis. W. Va. arthur S. Thank DATE

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VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11/2/

Reg. Dist. No. 11416

		2.14										
1. PLACE OF DEATH o. COUNTY	GARRETT		MARY	rLAND	o. STATE	DENCE (WH		l lived. If institut b. COUNTY	1	RETT		on)
RURAL ond give n	(If outside corporate limi	ts, write	c. LENGTH OF STAY		c. CITY OR		outside corpo	rote limits, write l				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		oddress)		d. STREET A						IS RESI	FARM?
3. NAME OF DECEASED (Type or print)	Fir MTNNTE		Middle Ellen		MORGAN		4. DATE OF DEATH	Mo OCTOBER	nth 1.8	Day		95Q
S. SEX FEMALE		7. MARR	DIVORCE		DEC. 24	н	8	9. AGE (In years lost birthday)	IF UNDER	1 YEAR IF	-	
10a. USUAL OCCUPATION during most of wor HOUSEWI 1 13. FATHER'S NAME	ON (Give kind of wark rking life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDUSTI		ACE (Stote	or foreign co ngini			I.S.A.		COUNTRY
	RS ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	HN SOCIAL SECURITY NO). 17. INF	TOP	BITHA	SHILL	INGBURG	dress			
Conditions, if a gove rise to i couse (a), stating lying couse lost.	the under-)	Merica ,	ATH BUT N	OT RELATED TO	(ar	dear	COMPLIANCE	Thee	TIGHTO	Las	Cuca
20a. ACCIDENT W	AS UNDERLYING CO		CRIBE HOW INJURY O						VEIN WA FOR		PERFO	NO [
20c. TIME OF INJUST Hour o. m. p. m.	MEDICAL EXAMINER)	20d. It While at work	NJURY OCCURRED Not while	20e. PLAC focto	E OF INJURY (ry, street, affici	Home, farm e bldg., etc.	20f. (City	or town)	(1	County)		(State)
21. I certify it alive on	DR. HERBE	Leigh	100	M.	4, 1939 occurred at	9.32 A	M, fram	h the causes goet, city or toland	and an t	last saw he date	state	decease d above TE SIGNE
22a. BURIAL, CREMATIC REMOVAL (Specify)	10/20/1	959	22c. NAME OF CEM Pleasan			Sem.		ION (City, town, Mt . La		ark,	(Stote	
23, FIGHERAL DIRECTOR	rs signature	T	ADDRESS Oak	land	, Md.	24a. REC'I	D BY REGIST	PAR 24b. REG	ISTRAR'S SIG	GNATURE	. 8 9	Years

MARKIAND STATE DEPARTMENT OF PEACH - BALTIMORE, 18 most been that all no have some one most to the 12sh common most not provide the first of the 12sh of

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ADDRESS

15M 10/57

23. FUNERAL DIRECTOR'S-SIGNATURE

PERFORMED? YES NO 17 (County) (State) Out 26 1959 that I last saw the deceased and that death occurred at 5:00 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) OAKLAND, MARYLAND 22d. LOCATION (City, town, or county) (State) Ferndale Cemetery near 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Oakland, Md Cothur S. Krans

Reg. Dist. No

GARRETT

26

U.S.A.

Months

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE ON A FARM?

YES INO

Year

DEER PARK. MD.

INTERVAL BETWEEN ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

								-	
1. PLACE OF DEATH o. COUNTY		MAS	YLAND	2. USUAL RESIDENCE (W	7	d. If institution b. COUNTY	n: Residence be	efore admiss	sion)
	arrett			Maryl			Alleg		V
B, CITY OR TOWN (RURAL and give n	(If outside corporate limits, nearest town)	write c. LENGTH OF STA	YINIB	c. CITY OR TOWN (IF	outside corporate l	imits, write RL	IRAL ond give i	nearest town	n)
Oakland		3 ve	are	Rural	near (humber	land	OIX	-2
	TAL (If not in hospital, give	street oddress)		d. STREET ADDRESS				ON A	SIDENCE A FARM?
Cuppett	Nursing Hom	le		Rt. 3. Ke	yser, W.	Va.		YES] NO []
3. NAME OF DECEASED (Type or print)	CHARLOTTE	MAR'		lost RAVENSCROFT	OF DEATH	Mont	h 25 5x		Year 19 59
5. SEX		· MARRIED NEVER MARI		DATE OF BIRTH	9. A	GE (In years	IF UNDER 1 YE		ER 24 HRS.
Female	TAT 2. 2 A -	IDOWED DIVORC	T	une 25, 191	_	t girthday)	Months Day		Min.
10a. USUAL OCCUPATIO	ON (Give kind of work don rking life, even if retired)	ne 10b. KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (Stole	or foreign country	1)	12. CITIZEN	OF WHAT	COUNTRY
Never Wor				Avilton.	Marylan	1	USA	A	
13. FATHER'S NAME	neu_			14. MOTHER'S MAIDEN			1 002		
-				W. C					
Roland	Dayton Ray	renscroft. S? 16. SOCIAL SECURITY N	O 17 IM	Sarah	Rosella	a La	ncaster	<u> </u>	
(Yes, no, or unknown)	(If yes, give war or dates of service	ce)			oft Dt	7 K	011002	Woot	Wo
no		none	Edd	ie Ravenscr	ort, Rt	0 · 12	eyser,	west	va.
18. CAUSE OF DEA	ATH [Enter only one couse	penline for (o), (b), and (c	1.]	. 1			11	NTERVAL BE	WEEN
PART I. DEA	ATH WAS CAUSED BY:	1 Aronar	()	Cellesian			10	1757	AA
420.1	DUE TO	1		No.				1	
Conditions, if o		Thenda	1/01	12100	1			3-	
gove rise to i	immediate (710	/ ()	- Casi				1	1
couse (o), stoting		1 -						U	
lying couse lost.) (c)_								
PART II. OT	HER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO D	EATH BUT N	IOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	EN IN PART 1(o	19. WAS	AUTOPSY DRMED?
3	n chon	Eurous							NO I
OR CONTRIBUTING	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Port II o	item 18.)			
		MA INTURY OCCURRED	20- BLA	TE OF INITION INC. for	- 1001 153				404 . 4
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRED While Not while	focto	CE OF INJURY Home, for ory, street, office bldg., etc.	c.) !	own)	(Count	(4)	(Stote)
₽ p. m.	19	of work of work					ALC: N		
21. I certify th	hat I attended the de	eceased fram		19 to O	H 24	1959	,that I last	saw the	decense
alive an	A 14	7 4	t domin	accurred at 1 00	A 44 6 44				
dive di		, and me	ii dediii i	accorred at 11-2-2	ADDRESS (Street,				
ACTUAL	DA /	7	1	25 m	ADDRESS (SILEE),	city of town,	nore)	10%	ATE SIGNE
SIGNATURE	XXI / VC	in a viu	M_M	.D. 43 HL	10001			10%	415
PHYSICIAN'S NAME (Type)	E.I. BAUM	GARTNER		OAK	LAND	- MD)	,	
220 BURIAL, CREMATIC		22c. NAME OF CE	METERY OR	CREMATORY	22d. LOCATION	(City, town, o	r county)	(Stot	te)
REMOVAL (Specify)	Det. 401	1959Hillcres	t Bur	ial Park	Cumberl			,	1.5
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS			D BY REGISTRAR		TRAR'S SIGNAT		
		erland. Mary	land		T 2 8 '59	Clas	Lun S to		
UVIIII U .	narer. ommne	eriano, marv	1 (3 [] ()	DAIL	2 2 2 22	- Colo	NO01 A 1601	0164	

moy be retained by the hospital or attending physician.

O FUNERAL PACTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauf detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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y may be retained by the hospital or attending physician.

The bottom ATTEND

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11420

CERTIFICATE OF DEATH 11438

Reg. Dist. No.....

1 2. USUAL RESIDENCE (HOME) OF DECEASED

	COUNTY Garrett MARYLAND	STATE Maryland COUNTY Garrett
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this pleca) TOWN RURAL Frostburg L/FE	CITY (il outside corporate limits, write RURAL end give neerest town) OR TOWN Rural Frostburg
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) Frostburg R.D. II
	3. NAME OF (First) (Middle) OF OT OT OF OT	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH Oct. 28 1959
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10e. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if refired) HOUSEWIFE HONE	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY) COUNTRY CO
	William A. Robeson	Fanny Blocher
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dales of sarvice)	Mrs Eleanor Chancy La Vale Ma
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 19. MEDICAL CE 10. MEDICAL CE	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	dites & Seconfraition - 6 certs
0	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?
5 10M		19 John M, from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNED
A15C 1-55	23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OF	R CREMATORY LOCATION (City, town, or county) (Stata) R-CEMETERY FROSTBURG RD MA.
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE NOV 2 '59 Circlus S. Klasse	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lanley M Homes Salis long &
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VS. A15ME(S)

5M 9/55

ARYL	AND S	TATE	DEPART	MENT	OF HEA	LTH-	BAL	TIMORE,	18
M	EDICA	L EXA	MINE	R'S C	ERTIFIC	ATE	OF	DEATH	Reg

44/30 2001 1111102	Xeg. Dis	II. NO.
1. PLACE OF DEATH. o. COUNTY GARRETT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence of STATE ALL AND b. COUNTY ALL AND COUNTY AND COUNTY ALL AND COUNTY AND COU	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL WEBER 1907 HURSING HOME 24 hrs.	c. CITY OR TOWN Ut outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	REAR 526 NECESSITY ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Middle	RENNIE OF OCT . Month 21	Doy Yeo 59
WIDOWED TO THE TOTAL OF THE PERSON OF THE PER	The state of the s	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	8
TO STATE STA		
	RETT MARYLAND 2. USUAL RESPONCE (White And Accessed lived. If Institution, Pauldage, bafore admission) b. COUNTY B. COUNTY B. C. LENGTH OF STAY IN 16 24. hrs. C. CIX CRICK AND LOAND Loaning accessed lived. If Institution, Pauldage, bafore admission) b. COUNTY B. COUNTY B. C. LENGTH OF STAY IN 16 24. hrs. C. CIX CRICK AND LOAND Loaning accessed lived. If Institution, Pauldage, bafore admission) b. COUNTY B. COUNTY B. C. LENGTH OF STAY IN 16 24. hrs. C. CIX CRICK AND LOANING Loaning accessed lived. If Institution, Pauldage, bafore admission) b. COUNTY ST. C. CIX CRICK AND LOANING LOAN	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
(a), stoting the underlying cause last. (c).		
Silicosis, Moderate	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	inter nature of injury in Part I or Part II of item 18.)	
Haur a. m. While Not while factor at work at work	ory, street, affice bldg., etc.)	ty) (State)
death resulted fram: Natural causes , Accident , Suident	cide, Homicide, Undetermined cause _M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
NAME (Type)	DEPUTY MEDICAL EXAMINER	
Burial Oct. 24, 1959 Frostburg Me	emorial Park Frostburg, Marylan	
	007 0 0 150	

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TO FUNERAL page 3 shau the registrar

VS A15 (4) 15M 10/S7

11423 Reg. Dist. No.

RURAL ond give ne		6 yrs.		Bayard, 8	5 x 3
d. NAME OF HOSPIT OR INSTITUTION Weber N	TAL (If not in hospital), give street oddress) TAL (If not in hospital), give street oddress of the street oddress of the street oddress of the street oddress oddress of the street oddress oddress of the street oddress oddres				
3. NAME OF DECEASED (Type or print)	First	Middle		OF a	
5. SEX Female	1077-21-0			last highday)	
during most of work	ing life, even if refired)				
13. FATHER'S NAME Albert	Williams				
		1		h 895 McMille	n Hwy.,
	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)		Insutt.	any Austa	ONSET AND DEATH
gove rise to in	mmediate (b) DUE TO	Antenioscien	5. 92.	-called	Yeans
PART II. OTH					PERFORMED?
	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in P	ort I or Part II of item 18.)	
Y 20c. TIME OF INJURY Hour o. m. p. m.		While Nat while foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
alive on	at I attended the de	ceased fram / - 2 19 - 2, and that death	occurred at 8:00A	M, from the causes and a	n the date stated above.
SIGNATURE	ames H. Fe				-d 10.73
d. NAME OF HOSPITAL (If not in Pagnicits, give street oddress) Weber Nursing Home A. DATE Date Day North Day North					
23/FUNERAL DIRECTOR	SIGNATURE COLLEGE	ADDRESS	240. REC'E	OBY REGISTRAR 246. REGISTRAR'S	SIGNATURE

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ETABLE OF BEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11442

CERTIFICATE OF DEATH

				Reg. Dist. 140.			
1. PLACE OF DEATH a. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	b. COUNTY	on: Residence before admission)			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Deer Park	c. LENGTH OF STAY IN 16						
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	er Park,	e. IS RESIDENCE ON A FARM?			
4 Mi. North Deer Par		4 Mi, Nor		YES NO			
3. NAME OF First DECEASED (Type or print) Ada	Middle Cecelia	Speicher	4. DATE Mon OF DEATH October				
5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE		B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)			or foreign country)	12. CITIZEN OF WHAT COUNTRYS			
13. FATHER'S NAME	22 220220	14. MOTHER'S MAIDEN N		U.D.A.			
Charles Miller		Mary Johns	ston				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) [If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Add	ress			
no	Kaf	thryn Speich	ner R. D. I	Deer Park, Md.			
1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse last. Cause of the couse of	hapters de terroscle	nællitu	siase	interval Between ONSET AND DEATH Crimps			
PART II. OTHER SIGNIFICANT CONDITIONS C	CRIBE HOW INJURY OCCURRE			/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	.KIBE HOW INJURY OCCURRE	D. (Enter hotore of injury in F	an for ran in or tiem re.j				
Hour o.m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County) (State)			
21. I certify that I attended the decease alive on October 13, 195 ACTUAL SIGNATURE Revenue 8	ed from May 1, 2, and that death	occurred at 9:00F	M, from the causes of DORESS (Street, city or town,	ind on the date stated above pare state) DATE SIGNED 300015			
PHYSICIAN'S Andrew E. Manc	e, M. D.	0ak]	land, Md.	/			
220. BURIAL, CREMATION, 22b. DATE THEREOF TO/15/1959	22c. NAME OF CEMETERY O Paradise Chi		ry near Dee				
23. PUNERAL DIRECTOR'S SIGNATURE	ADDRESS Oakle	and, Md DATE	BY REGISTRAR 24b. REGI				

TO FUNERAL CTOR: After this certificate hos been signed by the attending physician and completely filled in the funeral director, page 3 shaus, electored for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayol, and in any event within 72 hours, offer Death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR VS A15 (4) 15M 10/57

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In Page 1	TIMES CHRYSPICATE OF DEATH
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH o. COUNTY Garr	ett		MARYLA		o. STATE		4			sion)
RURAL ond give ne	and		3 Months	16			ere deceased lived. If institution: Residence before admission) b. COUNTY KINGS utside corporate limits, write RURAL and give nearest town) 1.			
OR INSTITUTION			oddress)	2	d. STREET ADDRESS	28th	St.			efore admission) efore admission) e. Is RESIDENCE ON A FARM? YES NO POPULATION NO PO
3. NAME OF DECEASED (Type or print)	Geo	rge	Middle		Wheeler	OF	Octob	er 2	9,	1959
s. sex Male	White	WIDOWE	DIVORCED [AP	ril 18, 1		yrs.	Months Do	YEAR IF UND	ER 24 HRS. Min.
Retired N	N (Give kind of working life, even if retired a Vy Yard	done 10b.	kind of Business or I ker	NDUSTR						COUNTRY?
13. FATHER'S NAME George	OF DEATH UNITY GENTET MARTIAND 2. USUAL SEDENCE (Where deceased lived. If institution, Residence before admission) 3. May york									
			SOCIAL SECURITY NO.			Roger			Park,	Md.
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	CA	ndinc d		,	ントモ			ONSET AND	DEATH
gove rise to in	mediate (~		20 3	72	NERK	112=1		YEAR YEAR	ns
ICATI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum NO \(\sum \)								DRMED?	
	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCI	JRRED. (Enter noture of injury in	Port I or Por	t II of item 18.)			
Hour o. m.		While	New York C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low Brooklyn G. STREET ADDRESS C. STREET STRANT C. STRANT C	(Stote)						
21. I certify the alive on	Bone (4.	¹ / ₂ , 19	Firster.	M.E	o	ADDRESS (S	n the causes a treet, city or town,	nd on the state)	date state	ed abave. ATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify)	0 0			Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Brooklyn d. STREET ADDRESS 2046 East 28th St. CON A FARMAT Wheeler Wheeler OBATH October 29, 1959 ARRIED B. DATE OF BIRTH ORCED APTIL 18, 1868 STAY IN 10. BLANE OF BIRTH BROOKLYN, New York 11. BIRTHPLACE (Stote or foreign country) Brooklyn, New York 12. CITIZEN OF WHAT COUNTRY? U. S. A. 14. MOTHER'S MAIDEN NAME Carrie Y NO. 17. INFORMANT Mrs. Wm. C. Rogers Mt. Lake Park, Md. 16. C. INFORMANT Address Wm. C. Rogers Mt. Lake Park, Md. 16. C. INFORMANT Address Wm. C. Rogers Mt. Lake Park, Md. 17. INFORMANT Mrs. Wm. C. Rogers Mt. Lake Park, Md. 18. C. INTERVAL BETWEEN ONSEI AND DEATH COUNTRY TEST ON BETWEEN ONSEI AND TEST ON BETWEEN						
23./FUNERAL DIRECTOR'S	1 / //-	ù		nd,	Md .					

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